

ANNUAL CERTIFICATION OF PHYSICAL INVENTORY
for Fiscal Year Ending 08/31/_____ *current FY*

06 - AgriLife Research
Agency #556

07 - AgriLife Extension Service
Agency #555

20 - TVMDL
Agency #557

Department Code:	<i>3 digit county code</i>
Department Name:	<i>County Name</i>

I hereby certify that a complete physical inventory has been taken of the property charged to the account and that all items on the attached listing are present, accounted for and properly numbered, except as noted below. *List only assets that are Missing, Stolen, Surplused, Sold or Transferred.*

Asset Number	Description	Value	Explanation

ALTERNATE ACCOUNTABLE PROPERTY OFFICER:

(Print Name) <i>County Coordinator</i>	(Date)
(Signature)	

UNIT HEAD / PROGRAM LEADER / DEPARTMENT HEAD:

(Print Name)	(Date)
(Signature)	